Going Beyond Trauma Informed Care (TIC) Training for child Welfare Supervisors and Frontline Workers: the Need for system Wide Changes Implementing TIC practices in all Child Welfare Agencies

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Abstract

This article reviews current efforts to train child welfare workers in trauma informed practices and argues that trauma informed care adaptation and training must transcend case workers and supervisors in order for true systemic change to occur. This means establishing an agency vision, mission, policies, and procedures that result in the manifestation of trauma informed care in the agency's environment and in the practices of the administration and the staff. This article asserts that trauma informed care agencies will result in better outcomes for children and families served while preventing vicarious traumatization of agency staff. Additionally, within a trauma informed care setting, social workers and other advanced generalist practitioners are given the opportunity to search for opportunities to understand clients in the context of their lived experiences and join with clients and their families to empower them in a collaborative partnership focused on recovery.

Keywords: Child welfare, vicarious trauma, trauma informed care, systems change

Introduction

While a number of initiatives encouraging the use of trauma-informed care in practice are being implemented in child welfare agencies in the US (Jennings, 2008), there remains a dearth of research on the effectiveness of trauma informed training programs provided to child welfare agency workers (Conners-Burrow et al. 2013) and even less pertaining to trauma-related systems (eReview, 2011). Ensuring child welfare staff can competently respond to the countless issues facing their client systems, however, has been a priority within the child welfare system for decades (Collins, Amodeo, & Clay, 2007; Collins, Kim, & Amodeo, 2010; Scannapieco, Hegar, & Connell-Carrick, 2012). Providing supervisors and frontline workers (Conners-Burrow et al., 2013; Kramer, et al., 2013) with training on trauma informed care practices may improve their ability to effectively respond to their clients, yet, it may not be enough to prevent re-traumatization or secondary trauma. We argue that in order for a trauma informed care approach to truly work there must be an agency wide commitment from the top down that looks at not only their workers' behaviors and actions, but how the policies and environment of the agency influences a trauma response. As such, a system wide approach to implementing trauma informed principles is needed in order to foster cultural change. This means not just training workers on how to provide trauma informed services to their clients, but also understanding the agency's role in safeguarding both clients and staff to ensure they are not re-traumatized and or traumatized via exposure to their client's trauma.

Trauma Informed Care

As this article is about understanding trauma informed principles and how to effectively implement them, it is pertinent to make these principles clear to the reader. When using the term trauma informed principles, we are specifically referring to the following: 1. recognizing the impact of the trauma, 2. identifying recovery as a primary goal, 3. employing an empowerment model maximizing choice, control and collaboration, 4. providing an atmosphere that is respectful and safe, 5. being culturally competent, and involving the consumer/client/service user in service feedback and evaluation (Hopper, Bassuk and Olivet, 2010). Agencies providing TIC services work to avoid re-traumatizing individuals that have already experienced traumatic events in their life (Latham-Hummer, Dollard, Robst, Armstrong, 2010). Everyone in the agency needs to understand and value these principles so that they begin to underpin the basic assumptions and espoused values of the agency. This builds consistency in interactions while decreasing the probability that someone from the agency will accidentally re-traumatize a client (Elliot et al, 2005). Additionally, the process of educating employees in trauma informed care works well within an advanced generalist practice framework. Social workers and other employees working as advanced generalist practitioners are expected to be able to understand their clients from a systems perspective and to partner with them in a collaborative fashion that fosters empowerment (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2010). TIC principles provide practitioners with a lens that sees that complexity. To successfully intervene with clients and families social workers within a trauma informed care setting will search for the opportunities to understand clients in the context of their lived experiences and join with clients and their families to empower them in a collaborative partnership focused on recovery.

Child Welfare Work

There is no doubt that persons working in child welfare are in a prime position to interact with client systems that have been affected by trauma due to the nature of the organization's work (Conrad & Kellar-Guenther 2006; Meyers & Cornille 2002; Sprang, Craig & Clark 2011). Furthermore, it is not surprising to hear that many children within the child welfare system have experienced multiple forms of trauma over extended periods of time (Aarons, Brown, Hough, Garland, & Wood, 2001; Greeson et al., 2011; Ko et al., 2008; Kramer, Sigel, Conners-Burrow, Savary & Tempel, 2013). In 2013 alone, 679,000 children were reported to have been victims of maltreatment in the United States, of these, 1,520 died as a result of their abuse and neglect (U.S. Department of Health and Human Services, 2015). The nature of child welfare work means that workers are routinely exposed to their client's traumatic stories putting them at increased risk of experiencing secondary trauma (Salloum, Kondrat, Johnco & Olson, 2015).

Impact of Secondary Trauma on the Child Welfare Workforce

Secondary trauma, sometimes referred to as vicarious trauma and /or compassion fatigue, has been accepted as a possible issue influencing the child welfare worker's ability to carry out his or her duties. The term secondary trauma was first used by Charles Figley to describe "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995a, p. 7). Secondary trauma can result in psychological distress and posttraumatic stress symptoms in persons working with clients who have been exposed to trauma (Figley, 1995a). Research suggests that 34% to 50% of child welfare workers experience high or very high levels of compassion fatigue (Bride, Jones, & Macmaster, 2007; Conrad & Kellar-Guenther, 2006; Meyers & Cornille,

2002), which again may have a direct influence on their ability to perform effectively in their job and in their personal lives.

The horrors experienced in the line of duty for a child welfare case worker are seen as occupational hazards; however research has begun to demonstrate that agencies can decrease the impacts of secondary trauma by providing several forms of safety nets for child welfare workers (Conrad & Kellar-Guenther 2006; Sprang, et al., 2011). In the past 20 years, we have been better able to not only understand the signs and symptoms that lead to traumatic stress in workers, but we also understand that symptoms of traumatic stress can bring about job burnout, withdrawal, and exiting from child welfare positions (Anderson, 2000; Bride, 2012; Conrad & Kellar-Guenther, 2006; Pryce, Shackelford, & Pryce, 2007; Sprang, et al., 2011; Van Hook & Rothenberg, 2009). To this extent, we have learnt that practicing trauma informed care principles can both more effectively help clients and act as a prevention model for persons who work with client systems that experience trauma (Trippany, White, Kress &Wilcoxon, 2004).

Trauma Informed Training for Supervisors and Direct Line Workers

Training workers on how to respond to their clients, however, is not enough to affect meaningful change (NCBI Bookshelf, n.d.). In order to truly affect change for clients and workers the entire agency -- workers, administration, policies, goals, mission, and environmental set up-- needs to be included when adapting trauma informed care principles. In other words, the agency needs to back its practice model of trauma informed care within an organizational model of trauma informed care.

For example, a comprehensive training curriculum with tool kits and supplemental materials was developed by the National Child Traumatic Stress Network (NCTSN) targeting child welfare systems. This tool kit is designed to be implemented in

two phases, the first targets directors, both regional and local as well as supervisors of child welfare agencies, while the second phase targets front-line workers (Kramer, et al., 2013). While NCTSN offers in-person as well as online trainings specific to trauma, many of their tools also can be directly purchased without expert training involvement. While the tool kit on its own can teach basic knowledge, skills and values to those working with children and families who have experienced traumatic stress, it is not enough to transform an agency into one that truly embodies trauma informed care principles (Child Welfare Trauma Training Toolkit, 2013). That is, trauma informed care is meant to be "an overarching framework that emphasizes the impact of trauma and guides the general organization and behavior of an entire system" (Hopper, et al., 2010, p132). The utilization of a toolkit alone cannot build an agency that is capable of providing effective trauma informed care. True agency transformation requires ongoing work that embraces transformation through the implementation of trauma informed principles and practices across levels weaving these principles and practices into agency policies and procedures.

Researchers evaluating the implementation of the second phase of the NCTSN tool kit, which provides training specific to front-line workers, found that the "difficulty involved in changing staff–child interactions... warranted additional training, coaching and support... to promote competency [regarding trauma informed care] among staff" (Conners-Burrow et. al., 2013, p 1835). Kramer et al., (2013) carried out research on a modified version of the NCTSN trauma-informed training program with Department of Children and Family Services' supervisors and found support for implementing the training at the supervisory level prior to using this training with front-line workers. This finding supports our argument regarding a need for agency engagement across levels to

successfully implement a trauma informed approach. And, it concurs with previous research that supervisor support is critical in fostering the transfer of general worker skills (Antle et al. 2008; Frey et al., 2013). However while we understand that engaging supervisors is helpful in getting line workers to implement trauma informed skills, we also argue it does not go far enough as true change to trauma informed care must encompass the entire agency system. Thus, we argue that what is lacking in research is an assessment of how trauma informed principles can be implemented in a child welfare organization so as to foster systemic organizational transformation and culture change.

Transforming an Agency

Direct Practice

Traumatic events can lead to a profound disruption or loss of one's sense of safety, predictability and/or sense of control over one's own life, regardless of whether the threat is actual or perceived (Heffernan, Blythe & Cole, 2015). Many children coming into contact with child welfare are involuntary and already labeled as high risk (Hess, Kanak, & Atkins, 2009; Landsman, 2007; Shireman, 2003). Additionally, it is not just the child who has experienced maltreatment that is exposed to trauma, adults within the child's family may have experienced deprivation, relational hardships, abuse and violence and thus may also be experiencing trauma.(Paxton & Waldfogel, 2002). The family entering the system may be in a cycle of inescapable abuse. They may be unable to recognize this cycle as a result of the longevity of the "abuse cycle" or as a result of the repeated and prolonged incidences of interpersonal trauma. Thus, the entire family, as a unit, may be experiencing complex trauma (Herman, 1992). Finally, as previously mentioned, child welfare workers are routinely, through their work with traumatized children and families, vicariously exposed to trauma.

The nature of child welfare work means that case workers, guided by their supervisors, may find themselves petitioning to have a child removed from his or her guardians or caregivers, which in and of itself can cause traumatization for the client system (Halfon et al., 2002). Although unification is the goal when protective services get involved, this effort may be thwarted if the case worker is unable to develop a good relationship with parents or guardians. The inability to develop a good working relationship with parents and/or guardians may be attributable to a lack of knowledge regarding how parents/guardians exposure to trauma may have influenced their actions and behaviors. Organizational policy within the child welfare system currently may reflect a child protectionist view, whereby parents' rights are at odds with children's rights, which can create and adversarial process of decision making (Huntington, 2005). As such, organizational neglect of parental experiences of trauma can contribute to the inability of some families to be reunited. For example, if parents have experienced trauma in their early childhood they may have symptoms of chronic post-traumatic stress disorder (Gunderson and Sabo, 1993) or complex trauma. Complex trauma can "result in a loss of core capacities for self-regulation and interpersonal relatedness" (Cook et al., 2005, p390). Providing trauma services for "both birth parent and child is likely to improve visitations and relationships with foster parents, as well as promote safety for the child. " (eReviews, 2011, p. 5).

Organizational policy that reflects trauma informed care will likely lead to the development of programs and interventions that benefit the whole family, while, perhaps, leading to more success with family unification. Such organizational policies and programs embrace cultural competency as it is one of the principles articulated within the trauma informed care model.

Cultural competency requires organizations and practitioners within those organizations to understand the cultural context that their clients are embedded in. And, while, "cultural competence does not require that every service provider have detailed knowledge of every culture" it does suggest that "he or she recognize the importance of cultural context" (Elliott, Bjelajac, Fallor, Markoff, & Reed, 2005, p. 468). It also requires attention to cultural factors that may account for differences in world view and the concepts of health and wellness, while embracing cultural values, practices and rituals that may be beneficial within the trauma informed care model as keys in facilitating individual and family recovery. Child care workers must remember that children may be perceived and labeled differently by others according to their background and culture while also having a different perception of what it is they may have experienced. As such, understanding not just the influence of possible intergenerational trauma but also that of historical trauma is important to recovery (eReviews, 2011.). Furthermore, practitioners working within trauma informed care also need to understand how their own cultural background influences client practitioner relationships allowing for the more ready development of therapeutic relationships that foster recovery (Fong & Furuto, 2001).

The child welfare worker practicing trauma informed care would not accept the premise that removing a child, even temporarily, is inevitable and for the greater good of the child, as there would be an understanding that this could cause further trauma (Halfon et al., 2002; eReview, 2011). Instead, a worker guided by its agency's adaptation of practicing trauma informed care moves beyond what it has always done, and gets involved with breaking down policies and subsequent practices with the goal of trying to better understand how policies influence their interactions with families and

children and the eventual outcomes of such interactions. Workers are encouraged to explore options other than removal and talk about how changes in policy could be implemented to the benefit of children and families, which allows them to participate in major decisions regarding organizational policy (Heffernan & Blythe, 2014; Slattery & Goodman, 2009). And, finally, if removing a child from his or her home is the only option, it would be discussed in terms of trauma. The emphasis would be in performing the removal in a fashion that acknowledges the trauma experienced by the entire family, while utilizing policies and practices that minimize trauma to whatever extent possible.

So, while educating the staff about trauma, what it is, and its influence on the clients' they work with, is an extremely important step in the process of transforming an organization; there remains much more to be done (NCBI Bookshelf, *n.d.*). The very nature of a trauma informed practice approach allows us to assume our clients may have experienced a traumatic event and that this may be affecting the way the client/s think about the world and those persons in it, which in turn influences their behaviors (Markoff, Reed, Fallot, Elliott & Bjelajac, 2005). Further, the approach asks us to reflect on our own practices and behaviors and to try to understand why we do what we do. While some of what we do in practice is based on our own experiences as well as habit and professional training, some of what we do is also dictated by the policies and procedures of the agency in which we work. Therefore, agency policies and procedures need to be reviewed and reworked to reflect a trauma informed practice approach to work with clients as well as colleagues.

Agency Wide Practice

Research on the effects of organizational culture and climate and how they influence work outcomes is not new. We have learned through decades of study that

organizational success can be improved by developing specific, strategically-focused organizational cultures and climates which encourage specific behavior from the organization's members (Schneider, Macey, Lee, & Young, 2009). So while there is a movement to include trauma informed practices within the child welfare system this effort is incomplete if the entire agency is not involved in the process of making these changes. When adopting a trauma-informed approach everyone from the top executive to the receptionist needs to be involved in the process (Elliot et al, 2005; Heffernan, et al., 2015; Hummer, et al., 2010).

Those responsible for the leadership of an agency play a key role in fostering organizational cultural change (Azeem, Aujla, Rammerth, Binsfeld, Jones, 2011). Managers need to create working conditions to assist those working in child protection to process the negative effect of daily job stress, focusing specifically on "secondary trauma associated with involvement in child abuse and neglect cases on a regular basis" (DePanfilis, 2006, p. 1068).

Agency policies and procedures must provide workers the environment, support and tools to practice effective trauma informed care system wide. For example, the Sanctuary Model, is a "whole system approach designed to facilitate the development of structures, processes, and behaviors on the part of staff, children, and the community-as-a-whole to counteract the . . . wounds suffered by the children in care" (Bloom, 2005, p. 65; Rivard, Bloom, McCorkle, & Abramowitz, 2005). While this is an example of a program practice model that specifically addresses sanctuary trauma or trauma experienced while in the care of a system that is supposed to be providing children with care and support, the idea is that it is a system wide approach that incorporates training

for all staff and allows staff and consumers to review policies and procedures to continually improve agency services.

Another example, of how an agency can "achieve a trauma-informed service setting, is having the administration of the organization make a commitment to integrate knowledge about violence and abuse into the service delivery practices of the organization" (Elliot et al, 2005, p 462). Additionally, while it is clear that agency wide adaptation of trauma informed practices is a necessity to reduce re-traumatization of clients, it is also increasingly clear that to prevent system induced secondary trauma, agency wide adaption of a trauma approach must occur (Conners-Burrow, et al., 2013).

Implementing a trauma informed approach into agency practice encompasses attention to agency workers who are at high risk of experiencing secondary trauma. Research suggests that persons working in the helping professions are among those likely to suffer adverse psychological effects resulting from direct client engagement (Boscarino, Figley, & Adams, 2004; Devilly, Wright, & Varker, 2009; Sabin-Farrell & Turpin, 2003). Historically such reactions to client traumas have been characterized as forms of burnout or countertransference (Figley, 1995b) and although there is overlap with regards to symptoms of burnout with secondary trauma, these phenomena are distinctly different. For instance, you can only experience secondary trauma if you are working with clients that encounter trauma as it is brought about via exposure to one's clients' experiences and not one's own experiences of trauma. However, we know now that persons who have had a past history of trauma may be more susceptible to experiencing vicarious trauma (Choi, 2011; Slattery & Goodman, 2009). Furthermore, unlike burnout, secondary trauma can develop rather suddenly (Trippany, et al., 2004) and there may not be warning signs. As such, it is crucial to have preventative measures

within an agency for persons who work closely with client systems that may have experienced trauma as it is believed that secondary trauma involves significant changes in core aspects of the "therapist's" self (Pearlman & Saakvitne, 1995, p. 152). Trippany, et al. (2004) advocate for proactive measures that are formally implemented as a standard of practice within an agency.

Agencies that embrace a trauma informed practice approach would incorporate such policies. Suggestions on how this can be done are extensive and involve time and commitment agency wide. The implementation of trauma informed practice into agency practice includes making supervisors and front-line workers aware of both how trauma influences their clients and how secondary trauma influences them as workers. Agency vision, mission, policies and procedures must reflect the underlying assumptions and principles of trauma informed care in order to create an atmosphere and ability to carry out such care (NCBI Bookshelf, n.d.). Trippany, et al. (2004) give examples of doing this proactively during the hiring process.

Probable employees should learn the principles of trauma informed care when they are first applying, they should be told that there is always a hazard that they may experience secondary trauma and should be told of agency policies that work to prevent this. In this way the process of educating, empowering and creating a safe environment have already begun.

Alternatively, agencies can actively seek out persons who are already educated in trauma informed care; someone who understands the impact of trauma on the lives of the people they work with. Harris and Fallot (2001) would label this person a trauma champion. Policies that support organizational wide active involvement allow employees to play an active part in influencing the agency's culture. Such policies could

revolve around workforce recruitment, hiring, and improving retention (Hoge et al., 2007 as cited in NCBI Bookshelf, n.d.).

Furthermore, because susceptibility to secondary trauma can result from an organizational culture's policy, practices and environmental artifacts, promoting the organizational culture change via a trauma informed care model can reduce the incidence of secondary trauma.

While there is a lack of research on how organizational variables influence vicarious trauma, there has been evidence that higher caseloads and lack of supervision seem to be organizational risk factors (Kulkarni, Bell, Hartman & Herman-Smith, 2013). Although not consistently shown, (see Adams et al., 2001; Choi, 2011) persons with caseloads that have higher percentages of trauma survivors have been found to have higher levels of secondary traumatic stress (Cunningham, 2003; Kassam-Adams, 1995; Schauben & Frazier, 1995). Trippany, et al. (2004) suggest that creating variation in work responsibilities to allow employees opportunities to do more than meet with clients may be one preventative strategy.

There are also work variables shown to protect service providers against secondary traumatic stress, which include work cultures with shared power, respect for diversity, and consensual decision making (Slattery & Goodman, 2009). Support for employees is important. Support can come from supervisors and from developing policies that encourage health and well-being, self-care, and taking time off regularly. These are all strategies that can be adopted to prevent vicarious trauma (Trippany, et al. 2004). Creating a culture where workers can ask for support without feeling weak or like they are not doing their job is important. Supervisors can play a huge role in developing this culture, by not waiting for direct-line workers to ask for support, but

rather proactively acknowledging when their staff have difficult weeks or cases and encourage them to take the needed time off to recover. This helps direct line workers identify recovery as a primary goal and to understand the importance of practicing this within their own work.

Implications for Practice

Because agencies and workers are often entrenched in existing organizational culture, the agency interested in transforming to an agency that practices trauma informed care may find the transformation easier and smoother by employing an outside expert consultant in trauma informed practice (Heffernan & Blythe, 2014). Such a consultant provides both expert insight and encourages the agency to think beyond what they already know. By becoming embedded in the agency the consultant can learn from all employees how they currently carryout their daily practices, observing the culture to learn their espoused values and underlying assumptions that guide daily practices, in order to build on the agency's strengths while educating them about trauma theory. The trauma informed consultant can help the agency to reflect on current policies and practices while encouraging the full incorporation of trauma informed policies and practices helping to get everyone's buy-in. The collective agency reflections combined with the guidance of a consultant provide the opportunity for agencies to incorporate the first four principles of trauma informed care: recognizing the impact of the trauma, identifying recovery as a primary goal, employing an empowerment model maximizing choice, control and collaboration and providing an atmosphere that is respectful and safe.

This opportunity to incorporate the principles of trauma informed care in a meaningful and lasting fashion is also about embracing and promoting social justice.

Practitioners and organizations that implement trauma informed practices are leaders in helping to shift society's view on individuals and families within the children welfare system to one that is more responsive to the expressed and real needs and concerns of children and families seeking services. Practitioners and organizations committed to such change can be part of a sustained social justice movement that represents a "change in society's structure and values"; change that can and has resulted in not only more empowering and collaborative practices but also in "social and political action to prevent and respond more effectively to violence" (Blanch, 2012, p.2). Organizational change that is the manifestation of trauma informed care practices represents social justice in practice.

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